



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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**Janie Miller**  
Secretary

**Elizabeth A. Johnson**  
Commissioner

March 27, 2009

Dear Provider:

This letter provides important information about the Quality Review of Hospital inpatient stays. Hospital claims that are reviewed under the DRG retrospective review process (see Hospital provider letter A-209, dated September 8, 2004, for details) are also reviewed for quality concerns. You may view this letter on the Kentucky Department for Medicaid Services' website at <http://chfs.ky.gov/dms/>.

**Quality Review Process**

No additional medical records are required for these reviews, as the medical records submitted for the DRG review undergo the quality review process simultaneously. CMS Medicare Generic Quality Screens are used:

Category	Description
C001	Did not obtain pertinent history and/or findings from examination
C002	Did not make appropriate diagnoses and/or assessments
C003	Did not establish and/or develop an appropriate treatment plan for a defined problem or diagnosis which prompted this episode of care
C004	Did not carry out an established plan in a competent and/or timely fashion
C005	Did not appropriately assess and/or act on changes in clinical/other status
C006	Did not appropriately assess and/or act on laboratory tests or imaging study results
C007	Did not establish adequate clinical justification for a procedure which carries patient risk and was performed
C008	Did not perform a procedure that was indicated (other than lab and imaging)
C009	Did not obtain appropriate laboratory tests and/or imaging studies
C010	Did not develop and initiate appropriate discharge, follow-up, and/or rehabilitation plans
C011	Did not demonstrate that patient was ready for discharge
C012	Did not provide appropriate personnel and/or resources
C013	Did not order appropriate specialty consultation
C014	Specialty consultation process was not completed in a timely manner
C099	Other quality concern not elsewhere classified

When the nurse reviewer identifies a potential quality concern, the case is referred to a physician reviewer. The physician reviewer reviews the documentation and makes a determination regarding the identified quality concern. In addition to making the determination of the concern, the physician reviewer also determines the severity level of the concern identified.

There are three possible levels of severity:

Severity Level 1 = Quality concern with **minimum potential for significant effect(s)** on the patient

Severity Level 2 = Quality problem with the **potential for significant adverse effect(s)** on the patient

Severity Level 3 = Quality problem with **significant adverse effect(s)** on the patient

### **Preliminary Notifications of Quality Concerns**

After the reviewing physician makes a determination, the facility and the physician of record will receive a Preliminary Notification of Quality Concern. This preliminary notification will identify the case involved, and include the category of quality concern, the severity level, and the physician reviewer's comments. A copy of this letter will also be sent to the Department for Medicaid Services (DMS). The letter will also provide details on the process to request a reconsideration of the quality concern finding.

### **Reconsideration Requests of Quality Concerns**

For reconsideration of the quality review findings, the facility and physician will need to submit a request in writing to SHPS. The physician and facility will have 30 days (from the date of the Preliminary Notification letter) to submit the request and any additional information related to the quality concern identified.

If a request for reconsideration of the identified quality concern is received, the whole case (including the additional information) is reviewed by a different physician reviewer of the same or like specialty as the case under review, and a final determination will be made within 30 days of receiving the request.

### **Final Quality Determination**

Once the physician reviewer has completed his or her review, and a final determination has been made, the facility and physician will receive a Final Quality Determination letter. This letter will be issued whether the physician reviewer upholds or overturns the initial preliminary findings. If the upheld final determination is a Severity Level 3, a copy of the entire medical record will be sent to the DMS for review and follow-up.

If no request for reconsideration is received within 30 days of the preliminary notification, the initial quality determination is considered final, and no Final Quality Determination letter will be sent.

To ensure that all communications regarding quality concerns are directed to the correct people in your facility, please complete the following form and return it to:

SHPS  
Attn: Kentucky Medicaid DRG Department  
9200 Shelbyville Road, Suite 100  
Louisville, KY 40222  
FAX # - 502-420-5498

.....Tear Here .....

Facility Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

(No PO Boxes, please): \_\_\_\_\_

City, State & ZIP code: \_\_\_\_\_

### **Person to Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

